

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) For Our Future		FEC IDENTIFICATION NUMBER ▼ C C00620971	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME Special Account [MEMO ITEM] *		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2016	
Mailing Address 1625 L St NW		Amount 12500.00	
City Washington	State DC	Zip Code 20036-5665	Transaction ID : VSG8M9TWHN5
Purpose of Expenditure Robocalls	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FEINGOLD, RUSSELL DANA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME Special Account [MEMO ITEM] *		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2016	
Mailing Address 1625 L St NW		Amount 6250.00	
City Washington	State DC	Zip Code 20036-5665	Transaction ID : VSG8M9TWHP3
Purpose of Expenditure Robocalls	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 06 / 2016

Signature